Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

LOBBYING REPORT



Lobbying Disclosure Act of 1995 (Section 5) - All Filers a	re Required to Complete This Pag	
1. Registrant Name		UT AUG
Capitol Associates, Inc.		
2. Address	eported	
426 C Street, NE, Washington, DC 20002		
Principal Place of Business (if different from line 2 City: Sta) ite/Zip (or Country)	
4. Contact Name Telephone	E-mail (optional)	5. Senate ID # 8101-113
Debra M. Hardy Havens (202) 544-1	880 dh@capitolassociates.com	
7. Client Name Association of Surgical Technologists Self		6. House ID # 30813015
INCOME OR EXPENSES - Complete Either Lin	ne 12 OR Line 13	
12. Lobbying Firms	13. Organiza	ations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying acti period were:	vities for this rep
Less than \$10,000 🗖	Less than \$10,000 \square	
\$10,000 or more $\square \Rightarrow \$ 20,000$ Income (nearest \$20,000)	\$10,000 or more $\square \Rightarrow \$$ Expenses (nearest \$20,000)	<u></u> ·
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all	14. REPORTING METHOD. Check box to indicate accounting method. See Instructions for description of	
payments to the registrant by any other entity for lobbying activities on behalf of the client).	Method A. Reporting amounts using LDA definition	
·	Method B. Reporting amounts u	<u>-</u>
	· the Internal Revenue C	nder section 603:

Registrant Name <u>Capitol Associates, Inc.</u> Client N		
LOBBYING ACTIVITY. Select as many codes as necessary to reflect of the client during the reporting period. Using a separate page for eac needed.		
15. General issue area code <u>MMM</u> (one per page)	
16. Specific lobbying issues		
Medicare Reimbursement for first assisting at su	rgery	
17. House(s) of Congress and Federal agencies contacted	Check	if None
House Senate Medicare Payment Advisory Commission Center for Medicare and Medicaid Services		
18. Name of each individual who acted as a lobbyist in this is	ssue are	ea Covered Official Position (if applicable)
·	ssue are	
Name	ssue are	
William A. Finerfrock, Vice President	ssue are	
Name William A. Finerfrock, Vice President	ssue are	
Name William A. Finerfrock, Vice President	ssue are	
Name William A. Finerfrock, Vice President		Covered Official Position (if applicable)